

MAY 27 2004 4:12PM

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NO. 4915 P. 1

Atty Docket No. 040063-000110US

PTO FAX NO.: (703) 872-9306

ATTENTION: MAIL STOP: Post Issue
TELEPHONE NO.: (703) 308-1065

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Group Art Unit 3624

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CERTIFICATION OF FACSIMILE TRANSMISSION

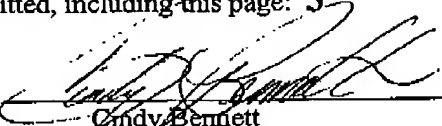
I hereby certify that the following document(s) in re Application of Gregory J. Sosville, Application No. 10/657,549, filed September 5, 2003 for METHOD FOR PROVIDING PROTECTION TO PROVIDERS OF SELLER FINANCING is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form (1 page); and
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page).

Number of pages being transmitted, including this page: 3

Dated: May 27, 2004


Cindy Bennett

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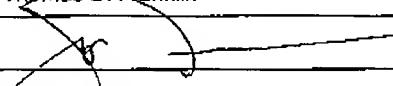
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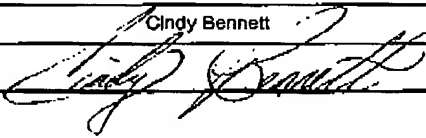
NO. 4915 P. 2

PTO/SB/21 (08-03)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/657,549
		Filing Date	September 5, 2003
		First Named Inventor	Sosville, Gregory J.
		Art Unit	3624
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission	2	Attorney Docket Number	040063-000110US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Thomas D. Franklin Reg. No. 43,616
Signature	
Date	May 27, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, MAIL STOP: Post Issue, Fax No. (703) 872-9306 on May 27, 2004	
Typed or printed name	Cindy Bennett
Signature	
Date	May 27, 2004

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NO. 4915 P. 3

PTO/SB/83 (09-03)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/657,549
Filing Date	09/05/03
First Named Inventor	Gregory J. Sosville
Art Unit	3624
Examiner Name	Not yet assigned
Attorney Docket Number	040063-000110US

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Commissioner for Patents
P.O. Box 1450
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Gregory J. Sosville has asked that we discontinue our representation and incur no further fees.

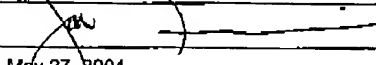
The file for this matter will be sent to the client at an address he provided such that he may continue prosecution of this application without any loss of rights.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

<input checked="" type="checkbox"/> Individual Name	Gregory J. Sosville				
Address	P.O. Box 832				
Address					
City	Conifer	State	CO	ZIP	80433
Country	US				
Telephone		Fax			
Name	Thomas D. Franklin				
Signature				Registration No.	43,616
Date	May 27, 2004				

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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